

# CREDIT CARD AUTHORIZATION FORM

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**Pamela Wax-Semus, CFE**  
**WS Enterprises**

Date: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Client Name: \_\_\_\_\_

Case Ref.: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CV2 (Security Code on Credit Card): \_\_\_\_\_

◆Where to find the CV2:

*For Visa/MasterCard/Discover: Three Digit Number on the Back of Card*

*American Express: Four Digit Number on Front of Card*

Billing Address: \_\_\_\_\_

Billing Address Zip Code for Card: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Authorized by: \_\_\_\_\_

Please sign or type your name

Send via Email: [pamela@tracingqueen.net](mailto:pamela@tracingqueen.net)

or Send to Secured Fax: 805-498-0468

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